



ASCENDER[®]
ELEVATING TECHNOLOGY SOLUTIONS

ASCENDER/TxEIS Student Release Notes

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Update 3.4.0xxx

TxEIS Registration

breadcrumb

Modified the following fields so they are read-only in the Special Education application. This data can only be updated on **Registration > Maintenance > Student Enrollment > SpecEd**.

- **Secondary Disability**
- **Tertiary Disability**
- **Multi Disability**
- **Child Count Funding Code**
- **Early Childhood Intervention**
- **Preschool Program (PPCD)**
- **PPCD Service Location Code**
- **Assistive Technology**
- **Audiological Services**
- **Counseling Services**
- **Interpretive Services**
- **Medical Diag Services**
- **Medically Fragile**
- **Occupational Therapy**
- **Orient Mobility Trng**
- **Physical Therapy**
- **Psychological Services**
- **Recreation Therapy**
- **School Health Services**
- **Social Work Services**
- **Transportation**

Demographic Data	Program Information	Dates	Child Restraint	Instructors				
Program Information								
Secondary Disability:	<input type="text"/>	Adaptive PE:	<input type="checkbox"/>					
Tertiary Disability:	<input type="text"/>	Weekly Spec ED Instruction Time:	<input type="text"/>					
Multi Disability:	<input type="checkbox"/>	Vocational Education:	<input type="text"/>					
Child Count Funding Code:	3	IEP Services Initiated:	12-19-2018					
IEP Continuer:	<input type="checkbox"/>	FIE Report Date:	04-05-2018					
Early Childhood Intervention:	<input type="checkbox"/>	Print Profile:	<input checked="" type="checkbox"/>					
Preschool Program (PPCD):	<input type="checkbox"/>	Non-Public School Name:	<input type="text"/>					
PPCD Service Location Code:	<input type="text"/>	Medicaid Eligible:	<input type="checkbox"/>					
Mental Retardation Code:	<input type="text"/>	TX Medicaid ID:	<input type="text"/>					
Related Services								
Adaptive Equipment:	<input type="checkbox"/>	Medically Fragile:	<input type="checkbox"/>	Rehab Counseling:				
Art Therapy:	<input type="text"/>	Music Therapy:	<input type="text"/>	School Health Services:				
Assistive Technology:	<input type="checkbox"/>	Occupational Therapy:	<input type="text"/>	Social Work Services:				
Audiological Services:	<input type="text"/>	Orient Mobility Trng:	<input type="text"/>	Special Seating:				
Corrective Therapy:	<input type="text"/>	Parent Training:	<input type="text"/>	Supplemental Services:				
Counseling Services:	<input type="text"/>	Physical Therapy:	<input type="text"/>	Transportation:				
Interpretive Services:	<input type="text"/>	Psychological Services:	<input type="text"/>	Vision Training:				
Medical Diag Services:	<input type="text"/>	Recreation Therapy:	<input type="text"/>	Wheelchair Code:				
Local Use								
<table border="1"> <tr> <td>U.S. 114</td> <td>03-01-2015</td> <td>U.S. 114</td> <td>U.S. 114</td> </tr> </table>					U.S. 114	03-01-2015	U.S. 114	U.S. 114
U.S. 114	03-01-2015	U.S. 114	U.S. 114					
				Extended School Year Extended School Year Extended School Year Extended School Year				
				Hearing/Visually Imp Date of Hearing Exam Degree of Hearing Loss Date of Visual Exam Right Eye Snell Corrected Left Eye Snell Corrected Percent Vision Loss Reading Level Large Print Reading Level Regular Type Reading Level Aural Reading Level Other Parental Consent Major Cause of Deafness				



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